



FORM CJT 727
FIREARMS CERTIFICATE TRAINING ROSTER
PRIVATE SECURITY / PRIVATE INVESTIGATOR / BAIL BOND
RECOVERY AGENT

Revised 6/2014

INSTRUCTORS SUBMIT TO WSCJTC
citregistrar@cjtc.state.wa.us upon completion of EVERY
training.

INSTRUCTIONS

- 1. **ONLY** PS Certified Firearms Instructors can complete this roster form.
- 2. Sign and date roster.
- 3. Scan and email to WSCJTC, within 48 hours of completion of training.

FIREARMS CERTIFICATE TRAINING ROSTER

STUDENT LAST NAME, FIRST NAME	SSN LAST FOUR	AGENCY	FIREARM TYPE	8-HR	4-HR	PASSED/FAILED
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						

DATE OF TRAINING	RANGE/LOCATION	INSTRUCTOR EMAIL

ADDITIONAL INSTRUCTOR LAST NAMES:

INSTRUCTOR PRINTED NAME	INSTRUCTOR SIGNATURE & DATE